UTILITY **PATENT APPLICATION TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR

Attorney Docket No. 402963/AOYAMA Client Reference No.

First Inventor Akira INOUE

SEMICONDUCTOR DEVICE Title

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			Exp	ress Mail Labe					
APPLICATION ELEMENTS		ADDRESS TO:		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
1.	□ Utility Patent Application Transmittal		AC	COMPANYING	G APPLIC	CATION PARTS			
	Form	10.		Applicant requ	uests earl	y publication.			
2.	Applicant claims small entity status. See 37 CFR 1.27.					under 37 CFR			
3.	Specification (including claims and abstract) [Total Pages 25]		\boxtimes	Assignment P	apers document(s	s))			
4.				37 CFR 3.73(b) Statem	nent (when there is			
5.	○ Combined Declaration and	١		an Assignee)					
	Power of Attorney [Total Pages 3]		=	Power of Atto					
	a. Newly executedb. Copy from prior application	14.				cument (if applicable) Statement (IDS)			
	[Note Box 6 below]	''		☐ Form PTC		otatement (IDO)			
	i. Deletion of Inventor(s) Signed			☐ Copies of		ocuments			
	statement attached deleting inventor(s)	16.		Preliminary A					
6.	named in the prior application Incorporation by Reference: The entire	17.	\boxtimes	Return Receip					
0.	disclosure of the prior application, from	18	\square	(Should be specif		zed) tified Copy of Priority			
	which an oath or declaration is supplied	10.		Document(s)	ity & Cert	med Copy of Friority			
	under Box 5b is considered as part of	19.			rtification	Under 35 USC			
	the disclosure of the accompanying					PTO/SB/35 or its			
	application and is hereby incorporated			equivalent att	ached)				
~	by reference.	20.		Other:					
7.	Application Data Sheet. See 37 CFR 1.76								
8.	CD-ROM or CD-R in duplicate, large								
9.	table or Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence								
9.	Submission								
	a. Computer Readable Form (CRF)								
	b. Specification Sequence Listing on:								
	i. CD-ROM or CD-R (2 copies);								
	or								
	ii.								
	c. Statement verifying identity of above copies								
	above copies								
21.	If a CONTINUING APPLICATION, check a	pproi	oriate	e box and supp	ly the red	uisite information			
below:									
☐ Continuation ☐ Divisional ☐ Continuation-in-part of prior application no.									
	Prior application information: Examiner ; Group Art Unit:								

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APPLICATION FEES										
BASIC FEE			\$770.00							
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE							
Total Claims	12 -20=		x \$18.00	\$						
Independent Clair			x \$86.00	\$						
	ndent Claim if applicable		+\$290.00							
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	3776 (facsimile)									
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Signature	John Alexand									
Date	tem	cary (4,) 2004								

Utility Transmittal (Revised 10/1/03)